## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

100111090-3

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Colu	olumn 2)		TYPE		OR	SMALL	MALL ENTITY	
TOTAL CLAIMS			24					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			スY minus 20=		* 4			X\$ 9=		OR	X\$18=	72	
INDEPENDENT CLAIMS			# minus 3 =  *		*	<i>j</i>		X43=		OR	X86=	86	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT -					+145=		OR	+290=		
*'If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL		OR	TOTAL	928	
CLAIMS AS AMENDED - PART II									·		OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	*	Minus	**		=	ı	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	~ ~ ~ ~ ~ ~	=	Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR.	+290=		
						. :	L	TOTAL ADDIT FEE	4	OB	TOTAL		
		(Column 1) (Column 2) (Column 3									ADDIT. FEE		
		CLAIMS		HIGHE	EST	(Column 5)	Г		ADDI-	1	•	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
\ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
+145=										OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent		Minus	***		=		X43=		o <sup>'</sup> R	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ı			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	If the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Paid					four	nd in the app	ropriate box	in col	umn 1.		